

Instructions: "Request and Authorization for Records Disposal"

- Items 1 - 5 Requesting Agency Information** – Enter: name, address, telephone number, records retention schedule number; signature and title of the official initiating the request; signature and title of the Custodian of Public Record approving the request; and the request date. Note: The Box 4/Request Approved By signature may *not* be the same signature as in Box 3/Requested By signature.
- Item 6 Archival Review** – The signature of the State or Local Archivist performing the Archival Review for the records listed in the disposal request.
- Item 7 Early Records Disposal** – Enter for disposal of hardcopy records whose retentions have not yet expired but were microfilmed, or imaged, or were deemed unsalvageable due to a disaster.
- Item 8 Comments** – A field dedicated for comments regarding the records conversion or records damage.
- Item 9 Record Series Number** - Enter the record series number as it appears on the current records retention schedule.
- Item 10 Record Series Title** - Enter the record series title exactly as it appears on the current records retention schedule.
- Item 11 Records Retention Period** - Enter the retention periods for the expired record series exactly as it appears on the current records retention schedule.
- Item 12 Inclusive Dates** - Enter the "From Month and Year" dates and the "To Month and Year" dates of the record series slated for disposal.
- Item 13 Dispose After** – Enter the date the records may be slated for disposal.
- Item 14 Volume** - Enter the volume in cubic feet for each record series and provide a total volume at the bottom of the form. **Note: one full letter or legal size file drawer contains two cubic feet.**
- Item 15 Audit Authorization** – The Auditor Signature for the Requesting Agency, in block **15A** and date block **15B**, for all **County, Municipal** and **School District** fiscal records. This must be signed *before* submission to Records Management Services. **State Agencies** complete items **1 through 14 only (fiscal records will be reviewed and signed by the Office of the State Auditor).**
- Item 16 Department of the Treasury, Division of Revenue and Enterprise Services, Records Management Services Authorization** - Blocks **16A through 16C** for Records Management Services Authorization.
- Item 17 Disposition** - Enter the manner in which the records have been disposed in **Item 17**. In block **17A** include the signature of the official verifying the disposal and the verification date in block **17B**. **NOTE: Return all four (4) parts of the form intact, to Records Management Services.** The **Follow-up, Requesting Agency,** and **Auditor** copies will be returned to you with items **16A through 16C** completed - a Signature in block **16C** indicates formal approval of the disposition request. After disposal, return the **Yellow, Follow-up** copy to Records Management Services, the **Goldenrod, Auditor** copy to the Auditor, and retain the **Pink, Requesting Agency** copy with any supporting documentation (such as a Shredding or Recycling Certificate) to complete the process. **Please include a self-addressed envelope for expedited service.**